FIA-820, SUPPORT COLLECTION PAYMENT REQUEST

SUPPORT COLLECTION PAYMENT REQUEST
Michigan Department of Social Services

Request Refunds Separately by Collection Type.

Do Not Make Entries in Shaded Areas PLEASE TYPE OR PRINT CLEARLY

Field	
1. FOR CENTRAL OFFICE USE ONLY	
2. Load Number	3. Prog.	4. County Number
5. Client's Name (Last, First, Middle)	6. DSS Case Number
7. Payment Amount	8. Collection Period - Beginning Month and Year 0 1	9. Number of Pay Periods

10.
- ☐ Pay to Friend of the Court
- ☐ Pay to Client
- ☐ Pay to Taxpayer

10A. Payee Name
10B. Street Address
10C. City   10D. State   10E. Zip Code

11. FOC	12. FIPS Number	13. Court Case Number	14. Payer Name

REFUND INFORMATION

15. Refund Reason (Check Box That Identifies Primary Reason for Refund Request)
- ☐ ADC Closed-Decert. Eff.
- ☐ Person Off ADC-Decert. Eff.
- ☐ DSS Overpaid
- ☐ Account Overpaid
- ☐ Case Number Error
- ☐ Collection Type Error
- ☐ NSF
- ☐ Offset in Error
- ☐ Other-Specify

16. Type of Collection	17. Reported to CSES	18A. Collection Mo. / Yr.	19. Collection Amount	20. Amount of Refund Requested	21. Adjustment	22. Amount Approved
16A. Child Support						
☐ Current -27 ☐ Federal Offset -25	☐ YES		$	$		$
☐ Regular Arrears -27 ☐ State Offset -24	☐ NO					
☐ Current -27 ☐ Federal Offset -25	☐ YES		$	$		$
☐ Regular Arrears -27 ☐ State Offset -24	☐ NO					
☐ Current -27 ☐ Federal Offset -25	☐ YES		$	$		$
☐ Regular Arrears -27 ☐ State Offset -24	☐ NO					
☐ Current -27 ☐ Federal Offset -25	☐ YES		$	$		$
☐ Regular Arrears -27 ☐ State Offset -24	☐ NO					
☐ Current -27 ☐ Federal Offset -25	☐ YES		$	$		$
☐ Regular Arrears -27 ☐ State Offset -24	☐ NO					
16B. Other Collections	18B. Collection Period or Date					
☐ Medical ☐ ADC-F Court or State Ward ☐ Specify: ☐ Blood Test ☐ State Ward Charge Back			$	$		$
☐ Medical ☐ ADC-F Court or State Ward ☐ Specify: ☐ Blood Test ☐ State Ward Charge Back			$	$		$
☐ Medical ☐ ADC-F Court or State Ward ☐ Specify: ☐ Blood Test ☐ State Ward Charge Back			$	$		$
23. Totals				23A. $	23B.	23C. $

REBATE / REIMBURSEMENT INFORMATION

24. Reported Collection Mo. / Yr.	25. Reported Collection Amount	26. Correct Collection Mo. / Yr.	27. Correct Collection Amount	28. Payment Type	29. Amount of Payment Requested	30. Adjustment	31. Amount Approved
	$		$	☐ Rebate - 26 ☐ Reimbursement - 28	$		$
	$		$	☐ Rebate - 26 ☐ Reimbursement - 28	$		$
32. Totals					32A. $	32B.	32C. $

33. Additional Explanation

34. Authorized Signature	35. Agency ☐ FOC ☐ OCS	36. County	37. Phone Number	38. Date

AUTHORITY: 45 CFR 302.32 AND 302.51.   COMPLETION: Required.
PENALTY: State will retain funds in error.

The Department of Social Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs.

DSS-820 (Rev. 9-93) Previous edition obsolete.

**INSTRUCTIONS
FOR REQUESTING
REFUNDS**

This Exhibit provides instructions for completing an FIA-820, Support Collection Payment Request, to request refunds of child or child/spousal support collections. Refer to Item 320 for instructions on use of the form to request payment of rebates or reimbursements from pre-1992 support collections.

Entries on the FIA-820 must be typed or printed and must be legible to ensure processing by the Payment Control Section. Do not complete shaded areas.

Item	Item and Instructions
1	Central Office use. Leave blank.
2	**Load Number.** Enter the 6 digit AP district/unit/worker number. If not applicable, enter zeros.
3	**Prog.** Enter "C".
4	**County Number.** Enter the two digit county code where the client lives. For closed cases, use last CIS county. County codes are listed in Appendix 2.
5	**Client's Name.** Enter the client's name, last name first.
6	**FIA Case Number.** Enter the correct FIA case number. If the collection was reported with an incorrect FIA case number, list the incorrect number in Item 33.
7 - 9	Leave blank.
10	**Pay to.** Enter a checkmark to indicate whether the refund is payable to the client or to the Friend of the Court.

Note: FOCs are responsible for requesting refunds of tax offset collections payable to taxpayers. |
10A	**Payee Name.** Enter the name of the client or Friend of the Court to whom the refund is payable. If the payee is a Friend of the Court, enter the county name and "FOC"; e.g., Wayne FOC.
10B-E	**Payee Address.** Enter the current and complete mailing address of the client or Friend of the Court.
11	**FOC.** Enter the two-digit county number of the Friend of the Court that collected the support (see Appendix 2).
12	**FIPS Number.** Enter the FIPS Code of the FOC that collected the support (see Appendix 2).

13   **Court Case Number.** Enter the client's court order number. If the court order number listed with the collection on the collection report is inaccurate, list that incorrect court order number in Item 33.

14   **Payee Name.** Enter the full name, last name first, of the absent parent making support payments.

15   **Refund reason.** Place a check mark in the box next to the primary reason for the refund request.

Reason	Meaning
ADC closed:	The current portion of the collection sent to the State covers a period of time from the decertification effective date to the end of the month of closure. List the effective date of decertification.
Person off ADC:	Current support was sent to the State after the decertification effective date for a person removed form an FIA case. List the effective date of decertification.
FIA Overpaid:	Collections payable to the family were misdirected to FIA. This includes arrearage collections sent to the State in excess of the amount FIA can retain to offset assistance paid.
Account Overpaid:	The obligor overpaid his account.

Note: For refunds requested due to overpayments, identify the most recent collections retained by the State that are sufficient to cover the amount of the overpayment.

Case Number Error:	An error in the FIA case number or court case number resulted in the collection being sent to the State in error or applied to the wrong individual's account.
Coll. Type Error:	Money sent to the State was reported with the wrong collection type. Identify the collection type used to report the collection in Item 16A. Identify the correct collection type in Item 33.
NSF:	Money was sent to the State for which the obligor's checks was returned for non-sufficient funds.
Offset in Error:	A tax offset refund was offset in error.

Reason	**Meaning**
	Note: FOCs request refunds of tax offset collections.
Other	A standard refund reason does not apply. Specify the reason for the request (e.g., administrative hearing). Use Item 33, if necessary, to provide addition information.

16   **Type of collection.**

16A   **Child Support.** Enter a checkmark next to the box that identifies the type of child support collection requested for refund.

16B   **Other Collections.** Leave blank.

17   **Reported to CSES.** Check the applicable box to indicate whether or not the Friend of the Court reported the child support collection to CSES Central Operations. Determine this from the Distributed Collection Report, financial records in CSES or contact with the FOC.

18   **Collection Mo/Yr.** Enter the month and year of each collection requested for refund. List each month separately. Use the format MM-YY.

19   **Collection Amount.** Enter the amount of each collection from which all or a portion is to be requested for refund.

20   **Amount of Refund Requested.** Enter the amount of the collection requested for refund. The amount requested for refund should not exceed the amount of the collection retained by the State after payment of reimbursements, and other funds.

21   **Adjustment.** leave blank. Payment Control will enter a negative adjustment in this item if the amount requested for refund exceeds the amount of the collection retained by the State.

22   **Amount Approved.** Leave blank. If an adjustment appears in Item 21, Payment Control will list the amount authorized for refund from the collection.

23   **Totals.** Enter the total amount requested for refund in Item 23a. Leave 23b and 23c blank.

24-32   Leave blank for refund requests. See Item 320 for instructions on completion of those items to request a rebate or reimbursement from a collection dated before 1992.

33   Additional Explanation. If a collection was reported with an incorrect FIA case number and/or court order number, identify the incorrect num-

ber(s) in this item. List the correct FIA case number and court order number in Items 6 and 13 respectively.

If a collection(s) requested for refund is over three years old at the time the refund is requested, identify:

- the FIP case closure date if the case closed within the last three years, or

- a child or child/spousal support collection that was sent to the State within the last three years, or

- the FIA administrative hearing decision which requires refund of the collection(s).

34   **Authorized Signature.** Sign your name as requester.

35   **Agency.** Enter checkmark in the box next to "OCS".

36   **County.** Enter county name for your primary work location or county where the case is located.

37   **Phone Number.** Enter your phone number(s).

38   **Date.** Enter the date the form is completed.

DISTRIBUTION   Send Part 1 to Payment Control Section, Office of Payment Systems, 1st Floor, 7109 W. Saginaw Hwy., Lansing. Send Part 2 to the Friend of the court who made the collection. Retain Part 3 in the support case record.